

**2001**  
**HSRS CHILDREN IN SUBSTITUTE**  
**CARE MODULE DESKCARD**

**MODULE TYPE 2**

**CLIENT CHARACTERISTICS (Field 7)**

**SPECIAL CHILDREN'S SERVICES CATEGORIES**

61 CHIPS - Abuse and Neglect  
62 CHIPS - Abuse  
63 CHIPS - Neglect  
64 Family Member of Abused/Neglected Child  
69 JIPS - Status Offender  
70 Family Member of Status Offender  
68 CHIPS - Other  
74 Family Member of CHIPS - Other  
66 Delinquent  
73 Family Member of Delinquent

19 Developmental Disability - Brain Trauma  
23 Developmental Disability - Cerebral Palsy  
25 Developmental Disability - Autism  
26 Developmental Disability - Mental Retardation  
27 Developmental Disability - Epilepsy  
28 Developmental Disability - Other or Unknown  
86 Severe Emotional Disturbance  
02 Mental Illness (excluding SPMI)  
03 Serious and Persistent Mental Illness (SPMI)  
04 Alcohol Client  
05 Drug Client  
10 Chronic Alcoholic  
12 Alcohol and Other Drug Client  
17 Intoxicated Driver  
85 Severe Health Impairments  
07 Blind / Visually Impaired  
08 Hearing Impaired  
09 Physical Disability / Mobility Impaired  
36 Other Handicap  
59 Unmarried Parent  
43 Migrant  
44 Refugee  
45 Cuban / Haitian Entrant  
99 None of Above

**PERMANENCY PLAN (PP) (Field 8)**

1 Return to Natural Family  
2 Placement with Other Relative  
3 Independent Living  
4 TPR / Adoption  
5 TPR / Sustaining Care  
6 Long-Term Foster Care  
8 Plan Not Determined

**TARGET POPULATION (Field 9)**

2 CHIPS - Abuse and Neglect  
5 JIPS - Status Offender  
1 CHIPS - Other  
3 Delinquent  
4 Child Placed Voluntarily Pursuant to s. 48.63(1)

**LEGAL STATUS (Field 10)**

1 Voluntary Placement  
2 Court Ordered Placement  
3 Legal Custody  
4 Guardianship (excluding Chapter 880)

**TYPE OF PLACEMENT (Field 12)**

1 Foster Home - Nonrelative  
2 Foster Home - Relative  
3 Pre-adoptive Home  
4 Group Home - Unincorporated  
5 Group Home - Corporate  
6 Child Caring Institution (CCI)

**CLOSING REASON (Field 15)**

01 Returned Home  
02 Placement With Relatives  
03 Adoption By Relative  
04 Adoption By Foster Family  
05 Adoption By Other Nonrelative  
06 Age of Majority / Completed Education  
07 Death of Child  
08 Runaway  
09 Transfer to Other Child Welfare Agency  
10 Transfer to Licensed Private Agency  
11 Transfer to DHFS or Other State Institutions  
12 Transfer to Other Facility / Agency Not included in Codes 09-11 Above  
13 Independent Living, But Not 18 Years Old

**SCHOOL DISTRICT (Field 16)**

See Appendix F of HSRS Handbook

**COST OF CARE INDICATOR (Field 18)**

01 Receiving SC Funds  
02 COP Paid (entirety)  
03 CIP Paid (entirety)  
07 FH Accepts No Payment  
08 Adoption Assistance  
09 County Funds  
10 AODA Paid (entirety)

**KINSHIP CARE (Field 19)**

0 Does Not Apply  
1 Identifies a child who enters substitute care when a relative first applies and after it is determined that a Kinship Care placement cannot be made for the child.  
2 Identifies a child who enters substitute care after being in a relative's home, and circumstances change in the home so Kinship Care is no longer an option.

**CARETAKER FAMILY STRUCTURE (Field 29)**

1 Married Couple  
2 Unmarried Couple  
3 Single Female  
4 Single Male  
9 Unable to Determine

**REFUND SOURCE**

DSS/HSD CODES

01 Refund by Substitute Care Provider  
02 Special Benefits (e.g., Social Security / Veterans Administration)

03 SSI Benefits

04 Voluntary Support

05 Court Ordered Support

18 Refund From Special Programs (COP, CIP, AODA)

**CHILD SUPPORT CODES**

07 Federal Tax Intercept - In State

08 Federal Tax Intercept - Out-of-State

09 State Tax Set-Off - In State

10 State Tax Set-Off - Out-of-State

11 Unemployment Compensation -In State

12 Unemployment Compensation - Out-of-State

13 Interstate Collection Project

14 Income Withheld - In State

15 Income Withheld - Out-of-State

16 Obligor Paid - In State

17 Obligor Paid - Out-of-State

SOS Desk (608) 266-9198

9:00 - 11:30 A.M. and 12:30 - 2:30 P.M.

Or leave a voice mail message.

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WI Department of Health and Family Services

Division of Supportive Living

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